FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVE

2012 IUI 23 AM IO: 2

			20	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	FC MAIL CENTER
ImPACt Commit	itee			
<u> </u>			1 1 1 1 1	
ADDRESS (number and street)	22780 Indian Creek Drive	1   1   1   1   1   1   1   1   1   1		
(Check if address is changed)	Suite 100 Dulles		L <sup>VA</sup>	20166
		CITY	STATE	. ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e		*1 1 1 1 .	
(Check if address is changed)	**************************************	Minist Open Combined And And And And And And And And And An		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	Biotherina (in the first t	The fire of the second of the second	
(Check if address is changed)				
2. DATE 07. 1	6 2012	en de la companya de		der en ende en op de en en en en
3. FEC IDENTIFICATION N	UMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the bes	et of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	er Diana Sue Vaughn D	iana Sue Vau	ghn	
Signature of Treasurer	Sue Vaughn Brana	Sue Vaughn	Date 07	16 2012
NOTE: Submission of false, erron	-	may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only	e. on the park of	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

· F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	· · · · · · · · · · · · · · · · · · ·
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	44.5	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name Cand		<u> </u>	
Cand Party	lidate Affiliati	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District Image
Name Cand			
Part	y Con	nmittee:	
(d)		19 10 1	emocratic, epublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:
		Corporation Corporation w/o Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		!n addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
•		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federat candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Na	ne		•	•	
ImPACt Comm	nittee				
6. Name of Any Connected	Organization, Affiliate	ed Committee, Jo	oint Fundraising Rep	presentative, or L	eadership PAC Sponsor
MICHAEL R REP TU	JRNER 				
				11111	
Mailing Address	5815 STONE LAKE [	DRIVE			
	DAYTON			OH 45	5429 <b></b>
		CITY		STATE	ZIP CODE
· <b></b>	· •				Leadership PAC Sponser
Cheryl	Freauff				
Mailing Address	22780 Indian Creek	Drive			
	Suite 100	1 1 1 1 1			
	Dulles	<del></del>		LL L	0166
Title or Position		CITY		STATE	ZIP CODE

3. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Telephone number

Full Name of Treasurer	Diana Sue	√aughn	<u></u>			<u></u>			 																		 	
Mailing Address		120 West 2r	nd Str	reet					 								丄		_			_					 	Ш
J		Suite 1510						_	 	_							_ <u>_</u>					_			_		 	لــــــــــــــــــــــــــــــــــــــ
		Dayton		<u>.</u>				_		_	_			_ 	_	Ľ	οн	J	•	L4	454C	02			_ _].	- <u>L</u>	 	
					C	CITY	<i>,</i>		 _					_	,	STA	ATE			-			Z	ΙP	COI	DE	_	
Title or Position Treasurer		<del></del>					لــا	j			Tel	leph	one	) ni	umi	ber		L	93	i7 ⊥	-ل	- L	2; 	22	-ل	-L	 7749 	بـــــــــــــــــــــــــــــــــــــ

Custodian

	n 1 (Revised 02/2009)			Page <b>4</b>
Full Name of Designated	Cheryl L. Freauff			
Agent				
Mailing Address	22780 Indian Cr	reek Drive		
	Suite 100		<u> </u>	11111111
	Dulles	CITY	VA L	20166 
Title or Position Asst. Treasurer			ne number 703	]-   467   -   9341
Name of Bank,	Depository, etc.  Access National Ba	ank , , , , , , , , , , , , , , , , , , ,		
Name of Bank,  Mailing Address	Access National Ba	Iton Drive		
	Access National Ba	Iton Drive		20101
	Access National Ba	Iton Drive	VA 2	201 <del>0</del> 1 21P CODE
	Access National Ba	Iton Drive		
Mailing Address	Access National Ba	Iton Drive	STATE	
Mailing Address	Access National Ba	Iton Drive	STATE	
Mailing Address	Access National Ba	Iton Drive	STATE	
Mailing Address	Access National Ba	Iton Drive	STATE	

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